

Paid Spokesperson Report

CALIFORNIA
FORM 511

Who Files:

A committee that makes expenditures totaling \$5,000 or more to an individual for his or her appearance in a printed, televised, or radio advertisement, or in a telephone message, to support or oppose the qualification, passage, or defeat of a state or local ballot measure.

Note: In addition to filing Form 511, the advertisement must disclose that the individual is being paid to appear.

When to File:

- Within 10 days of making payments totaling \$5,000 or more to the individual; or
- Within 10 days of the date the spokesperson provided services with a value of \$5,000 or more;

whichever is earlier.

Where to File:

File Form 511 in the same location(s) the committee regularly files its campaign statements. (State committees required to electronically file reports with the Secretary of State must file Form 511 electronically, as well as on paper.)

Disclose the Following:

- The committee's name, street address, and identification number assigned by the Secretary of State (if any).
- The date the committee made the payment or received the services, whichever is earlier.
- The name and address of the individual who was paid \$5,000 or more to appear in the advertisement.
- The name, number or letter, and jurisdiction of the ballot measure supported or opposed by the advertisement.
- The total amount of the expenditure.

Sign and date the verification.

Amendments:

To amend a previously filed Form 511, file another Form 511.

- Check the "Amendment" box and give a brief description of the amendment.
- Enter the committee's name and address.
- Disclose the amended information.

Sign and date the verification.

This form was prepared by the Fair Political Practices Commission (FPPC). Copies of FPPC forms and informational materials are also available on the FPPC website (www.fppc.ca.gov).

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Type or print in ink. Amounts may be rounded to whole dollars.

NAME OF FILER

ID # (If required)

Date Stamp

CALIFORNIA
FORM 511

For Official Use Only

AREA CODE/PHONE NUMBER

E-MAIL (Optional)

STREET ADDRESS

☐ Amendment (explain)

CITY

STATE

ZIP CODE

Payments Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF SPOKESPERSON	BALLOT MEASURE SUPPORTED OR OPPOSED (INCLUDE BALLOT NUMBER OR LETTER AND JURISDICTION)	AMOUNT
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Verification

I have used all reasonable diligence in preparing this report. I have reviewed the report and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER/ASSISTANT TREASURER/FILER